TARID- PEE(S) IRANSIMII IAL

Complete and send t	ş. 4			or <u>Fax</u>	Commissioner P.O. Box 1450 Alexandria, Vi (571)-273-2885	for Patent rginia 223	13-1450	
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be complet appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence a indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDR maintenance fee notifications.								
CURRENT CORRESPONDENCE 28213 7590	y change of address	4	papers. Each additi	This certifical onal paper, su cate of mailing	te cannot be used uch as an assignme g or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must		
DLA PIPER US LLP 4365 EXECUTIVE DRIVE SUITE 1100 SAN DIEGO, CA 92121-2133				MADEMARKER	I hereby certify tha States Postal Service addressed to the Machine transmitted to the U	t this Fee(s) The with sufficing Mail Stop ISS	Mailing or Trans Fransmittal is bein ent postage for fir SUE FEE address 273-2885, on the c	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
1 FC:2501 2 FC:1504 700.00 OP					Aldon Gr December	\mathcal{U}	town 2	(Depositor's name) (Signature) (Date)
FC:8001 300.00 no		no	PID OT ALL AND DIM ON					
APPLICATION NO.		JP		FIRST NAMED INVEN	TOR	ATTORNI	EY DOCKET NO.	CONFIRMATION'NO.
10/600,854 TITLE OF INVENTION: SA	06/20/2003 LINOSPORAMIDES	AND I	METHODS FOR	William Fenical		UC	SD1530-2	8484
APPLN. TYPE S	MALL ENTITY	ISSU	JE FEE DUE	PUBLICATION FEE D	UE PREV. PAID IS	SUE FEE T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional YES		\$700	\$300	\$0		\$1000	12/28/2006
EXAMINER ART UNI			RT UNIT	CLASS-SUBCLASS				
POWERS, FIONA 1626 514-421000								
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Regents of the University of California Oakland, California								
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are su Issue Fee Publication Fee (No sm Advance Order - # of C		 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. \$1,030.00 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form). 						
5. Change in Entity Status (f			CDD 1.00	_				
NOTE: The Issue Fee and Pub	lication Fee (if requi	red) wil	I not be accepted	b. Applicant is no	an the applicant: a r	ALL ENTITY	Y status. See 37 CF	R 1.27(g)(2).
interest as shown by the record	ls of the United State	s Patent	and Trademark	Office.	and applicalle, a li		ney or agent, or th	assignee or other party in
Authorized Signature	<u> </u>	Date December 20, 2006						
Typed or printed name Lisa A. Haile, J.D., Ph.D. Registration No. 38,347								
This collection of information an application. Confidentiality submitting the completed applithis form and/or suggestions for Box 1450, Alexandria, Virgini Alexandria, Virginia 22313-14 Under the Paperwork Reduction	or reducing this burde a 22313-1450. DO N 50.	n, shou OT SE	old be sent to the	Chief Information Of COMPLETED FORMS	ficer, U.S. Patent ar TO THIS ADDRE	d Trademark SS. SEND TO	Office, U.S. Depa D: Commissioner f	rtment of Commerce, P.O. or Patents, P.O. Box 1450,

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.